PCT REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

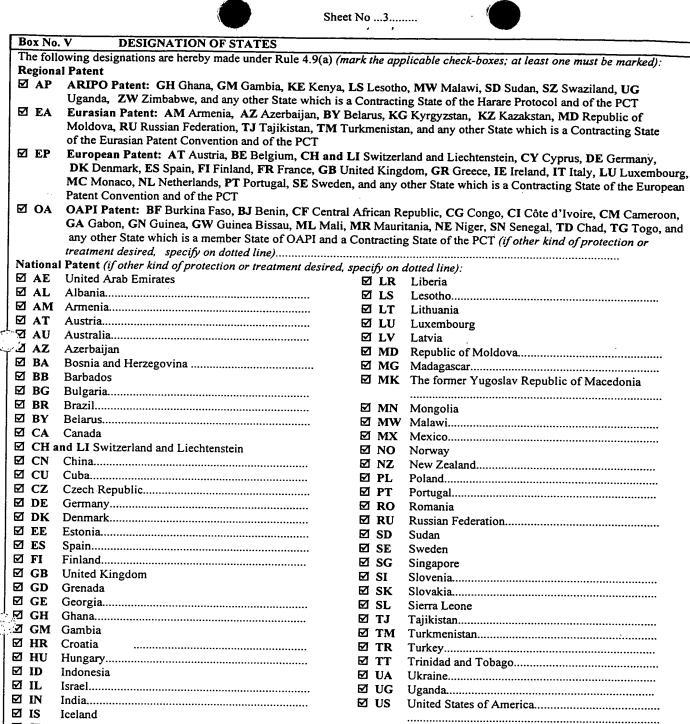
Form PCT/RO/101 (first sheet) (July 1998)

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International Filing Date 0 5 0 C T 1999	(0 5. 10. 1999)			
EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION Name of receiving Office and "PCT International Application"				
Applicant's or agent's file reference				

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	Applicant's or agent's file reference (if desired) (12 characters maximum) PG3600			
Box No. I TITLE OF INVENTION				
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Box No. II APPLICANT				
Name and address: (Family name followed by given name; for a legal en designation. The address must include postal code and name of country. The indicated in this Box is the applicant's State (that is, country) of residence if indicated below).	he country of the address			
Glaxo Group Limited	Telephone No. 0171 493 4060			
Glaxo Wellcome House	Facsimile No. 0181 966 8838			
Berkeley Avenue				
Greenford, Middlesex, UB6 0NN GB	Teleprinter No. 25456			
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This person is applicant all designated all designated Stat for the purposes of: States the United States				
Box No. III FURTHER APPLICANTS AND/OR (FURTHI	ER) INVENTORS			
Name and address: (Family name followed by given name; for a legal ent designation. The address must include postal code and name of country. The indicated in this Box is the applicant's State (that is, country) of residence if n indicated below.) FARROW, Stuart Neville Glaxo Wellcome plc Gunnels Wood Road Stevenage, Hertfordshire SG1 2NY GB	P Country of the address This person is			
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Box No. IV AGENT OR COMMON REPRESENTATIVE; The person identified below is hereby/has been appointed to act on least on the company of the person identified below is hereby/has been appointed to act on the company of	OR ADDRESS FOR CORRESPONDENCE			
of the applicant(s) before the competent International Authorities as	s:			
Name and address: (Family name followed by given name; for a legal en designation. The address must include postal code and name of co	ntity, full official Telephone No.:			
REES, Marion L	01/1-4/5-4000			
Glaxo Wellcome plc	Facsimile No.:			
Glaxo Wellcome House, Berkeley Avenue	0181-966-8838 Teleprinter No.:			
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Mark this check-box where no agent or common representati	tive is/has been appointed and the space above is used instead to			

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	Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS				
If none of the following sub-boxes is used, this shades					
Name and address: (Family name followed by given name; for a legal entity, full The address must include postal code and name of country. The country of the address is the applicant's State (that is, country) of residence if no State of residence is in KAPTEIN, Allard Glaxo Wellcome plc Gunnels Wood Road Stevenage, Hertfordshire SG1 2NY GB State (i.e. country) of nationality: State (i.e. country) of nationality:	ess indicated in this This person is:				
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This person is applicant for the purposes of: all designated States except the United States of Am	nerica of America only the Supplemental Box				
Further applicants and/or (further) inventors are indicated on a continuation sheet.					
Form PCT/RO/101 (continuation sheet) (July 1998)	See Notes to the request form				



Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

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Yugoslavia.....

Check-boxes reserved for designating States which have become

☑ CR Costa Rica....



Box No. VI PRIORITY CLAIM Further priority claims are indicated in the Supplemental Box					the Supplemental Box		
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Marion L Rees Agent for the Applicants							
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